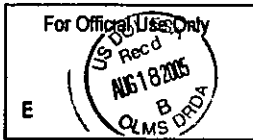


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9661</u>	2 Fiscal Year Covered From <u>01</u> / <u>01</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>Pat</u> <u>Bruno</u> P O Box Bldg Room No if any Street <u>6735 W Archer Ave</u> City <u>Chicago</u> State <u>IL</u> ZIP Code + 4 <u>60638</u>	4 Name file number and address of labor organization Name <u>Teamsters Local No 703</u> Labor Organization File Number <u>022-671</u> P O Box Building and Room Number if any <u>Rm 502</u> Street <u>300 S. Ashland Ave</u> City <u>Chicago</u> State <u>IL</u> ZIP Code + 4 <u>60607</u>
5 Position in labor organization <u>Director of Field Operations</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest Transaction or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)		
Signed <u>Pat Bruno</u>	On <u>8/10/05</u> Date	<u>773-788-0738</u> Telephone Number

Name of Person Filing

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Care Mark P C S.

Trade Name if any

P O Box Bldg Room No if any 52154

Street

City PhoenixState AZ ZIP Code + 4 85072

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name Chgo. Area T.B of T Health & Welfare

Trade Name if any

P O Box Bldg Room No if any Room 502Street 300 S Ashland AveCity ChicagoState IL ZIP Code + 4 60607

11 a Nature of such dealing

Prescript on benefit Manager to Local
703 Health & Welfare Fund which
provides benefits to members under
CBA's

11 b Approximate dollar value of such dealing

unknown

12 a Nature of interest held or income received

Exploratory

Meeting to discuss Rx Benefit and
Specialty drugs for Fund
(provided Meal)

12 b Amount

75.00

C Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment

Name of Person Filing	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name <u>Dowd, Bloch + Benne H</u> Trade Name if any <u></u> P O Box Bldg Room No if any <u>19th Floor</u> Street <u>8 S. Michigan Avenue</u> City <u>Chicago</u> State <u>IL</u> ZIP Code + 4 <u>60603</u>	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input checked="" type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name <u>Chgo Area I B. of T Health Welfare, Pension and Severance Funds</u> Trade Name if any <u></u> P O Box Bldg Room No if any <u>Room 502</u> Street <u>300 S Ashland Avenue</u> City <u>Chicago</u> State <u>IL</u> ZIP Code + 4 <u>60607</u>	11 a Nature of such dealing <u>Provide legal counsel to Local Union 703 and Local 703's Pension Health Welfare + Severance funds under which employers under CBA's contribute to said fund</u> 11 b Approximate dollar value of such dealing <u>unknown</u> 12 a Nature of interest held or income received <u>Holiday gesture of goodwill</u> <u>Popcorn</u> 12 b Amount. <u>27.00</u>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name <u></u> Trade Name if any <u></u> P O Box Bldg Room No if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	14 a Nature of payment <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment <u></u>